



04/21/04

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/720,935
Filing Date: 11/24/03
Applicant: Pho et al
Group Art Unit: --
Examiner: --
Title: Apparatus and Method for Projecting Identifying
Information Onto Seats
Attorney Docket: 7784-000671

Director of The United States Patent and Trademark Office
P.O. Box 1450
Alexandria, Virginia 22313-1450

TRANSMITTAL OF FORMAL DRAWINGS

Sir:

Enclosed for filing are three "Replacement Sheets" including formal drawings (Figs. 1-5) for the above-identified patent application. Applicant respectfully requests that the enclosed FORMAL DRAWINGS replace the most recent drawings filed with the application.

Respectfully submitted,

Date: April 20, 2004

By: 

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/720,935
	Filing Date	11/24/03
	First Named Inventor	Pho et al
	Art Unit	--
	Examiner Name	not assigned
Total Number of Pages in This Submission	Attorney Docket Number	7784-000671

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): postcard		
<table border="1"><tr><td>Remarks</td><td>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.</td></tr></table>			Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Reg. No.
		Mark D. Elchuk	33,686
Signature			
Date	April 20, 2004		

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Mark D. Elchuk	Express Mail Label No.	EV 406 076 710 US
Signature		Date	April 20, 2004

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